				PTO/SB/22 (07-06)	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Attorney Docket No.:	16869N-111600US	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application No.: 10/814,475			Filed March 30, 2004		
For: SYSTEM FOR CONTROLLING CONNECTION OF DISK DEVICES			Confirmation No.: 7769		
Art Unit: 2185			Examiner: Samuel	Examiner: Samuel A. Dillon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>	
	Two months (37 CFR 1.17(a)(2))	<b>\$4</b> 50	\$225	\$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
$\boxtimes$	The Director has already been authorized to charge fees in this application to a Deposit Account.				
$\boxtimes$	, , , , , , , , , , , , , , , , , , , ,				
Deposit Account Number <u>20-1430</u> .  WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number <u>57,291</u>					
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34					
_	Almoo	2	<u>-</u>	7, 2007	
	Signature		Ui	ate	
	John J. Farrell, Reg. No. 57,291  Typed or printed name		206.467.9600 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than					
one sign	nature is required, see below.		, , , , , , , , , , , , , , , , , , , ,		
1 1	Fotal of forms are sul	hmitted			